

## SUVCW Scholarship Application

NAME \_\_\_\_\_ COURSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SCHOOL ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU PLAY SPORTS AT SCHOOL?

IF SO, LIST SPORTS & YEAR (S) YOU

PLAYED \_NO MORE THEN

TWO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT (LIST NAMES OF EMPLOYERS AND  
DATES) \_\_\_\_\_

\_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

MOTHER'S  
NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

## SUVCW SCHOLARSHIP APPLICATION

BROTHER(S) AND SISTERS LIVING AT HOME:

NAME(S) AGE(S): \_\_\_\_\_

\_\_\_\_\_

OTHER DEPENDENTS IN

HOUSEHOLD: \_\_\_\_\_

COLLEGES OR SCHOOLS TO WHICH YOU HAVE

APPLIED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCEPTED BY (LIST COLLEGES): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAJOR FIELD OF STUDY: \_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIPS & FINANCIAL AID FOR WHICH YOU HAVE

APPLIED: \_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIPS & AID AWARDED: \_\_\_\_\_

\_\_\_\_\_

SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

SUVCW SCHOLARSHIP APPLICATION

EXPLAIN ANY UNUSUAL CIRCUMSTANCES SUCH AS FAMILY ILLNESS,  
DEATH IN THE FAMILY, ETC. THAT WOULD AFFECT YOUR PARENTS  
ABILITY TO CONTRIBUTE TO YOUR EDUCATION EXPENSE:

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WHAT HAVE YOU DONE TO MEET YOUR FUTURE EDUCATIONAL  
EXPENSES: \_\_\_\_\_

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IS ANY FAMILY MEMBER A VETERAN OF THE ARMED SERVICES:  
YES OR NO \_\_\_\_\_ IF YES WHICH BRANCH: \_\_\_\_\_

WAS ANY ANCESTOR A VETERAN OF THE CIVIL WAR: YES OR  
NO \_\_\_\_\_ IF YES STATE HIS NAME AND HIS UNIT. (IF KNOWN)

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SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

When completed please return this form, your transcripts and your essay to:

Commander Donald E. French  
D. N. Couch Camp 26  
1229 Somerset Ave.  
Dighton, MA 02715